

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.	030454.00004
First Inventor	William T. Sanders
Title	TRANSPORTABLE ICE MAKER
Express Mail Label No.	EV 344210363 US

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 14 ]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table,  
or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4 ]
5. Oath or Declaration [Total Sheets \_\_\_\_\_]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
name in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Reader Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☒ Other: Petition to Make Special Because  
of Applicant's Health & Cert. by App. Doctor

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No. 10/356,975

Prior application information: Examiner William E. Tapolcai Art Unit: 3744  
 For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☐ Customer Number: ☐ OR ☐ Correspondence address below

Name	Henry S. Jaudon				
Address	McNair Law Firm, P.A. P.O. Box 10827				
City	Greenville	State	SC	Zip Code	29603
Country	USA	Telephone	864-232-4261	Fax	232-4437

Name (Print/Type)	Henry S. Jaudon	Registration No. (Attorney/Agent)	34,056
Signature			Date 7-16-23

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 375.00

## Complete if Known

Application Number --  
 Filing Date Herewith  
 First Named Inventor William T. Sanders  
 Examiner Name  
 Art Unit  
 Attorney Docket No. 030454.00004

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit Account Number  
 Deposit Account Name

502079

McNair Law Firm, P.A.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	375
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 375)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 10 -20\*\* = ☐ X ☐ = ☐  
 Independent Claims 2 -3\*\* = ☐ X ☐ = ☐  
 Multiple Dependent ☐ = ☐

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	375
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 375)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)

Henry S. Jaudon

Registration No.  
(Attorney/Agent)

34,056

Telephone 864-232-4261

Signature

Date

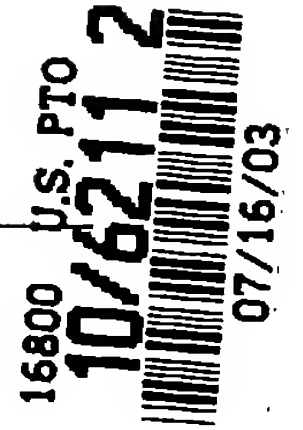
7-16-03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Re: William T. Sanders

Serial No.: (Divisional of SN 10/356,975, filed 2/03/03)

Filed: Herewith

For: **TRANSPORTABLE ICE MAKER**

Examiner:

Group No.:

Docket No.: 030454.00004

Commissioner for Patents  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


**TRANSMITTAL LETTER**

Please find the following correspondence items enclosed for filing in the United States Patent and Trademark Office:

1. Utility Patent Application Transmittal;
2. Fee Transmittal, in duplicate;
3. Specifications (14 pages);
4. **Corrected** Formal drawings (4 pages) as submitted in the Parent Application on 7/14/2003;
5. Copy of Declaration for Patent Application and Power of Attorney;
6. Information Disclosure Statement;
7. Form PTO 1449 with attached copies of prior art;
8. Preliminary Amendment;
9. Copies of Petition to Make Special Because of Applicant's Health and Certificate by Applicant's Doctor; and,
10. Return Receipt Postcard.

Please charge payment of fee of \$375.00 to Deposit Account No. 502079. A duplicate copy of this letter is enclosed.

Respectfully submitted,

  
Henry S. Jaudon  
McNAIR LAW FIRM, P.A.  
Registration No. 34,056  
P.O. Box 10827  
Greenville, S.C. 29603-0827  
Telephone: (864) 232-4261  
Agent for the Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as "EXPRESS MAIL" mailing label #EV 344210363 US with sufficient postage affixed thereto, in an envelope addressed to: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below:

By: 

Date: 7-16-03

EV344210363US

# MUSC

## HEART CENTER

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Ph (843) 792-3953

FAX (843) 792-8914

**RE: WILLIAM SANDERS**

February 03, 2003


To Whom It May Concern:

Mr. William Sanders is a gentleman with dilated cardiomyopathy and heart failure. He also has a history of amaurosis fugax for which he continues to take Coumadin and sleep apnea, which is currently treated with C-PAP. In addition, he is treated for hypercholesterolemia and hypertriglyceridemia. I have been following him regularly for quite some time. Over the course of the last six years he has had a mild diminution of his left ventricular ejection fraction. He maintains NYHA Functional Class II-III symptoms and in all other respects his cardiac status has remained stable though guarded.

He is maintained on a medical regimen including an ACE inhibitor, beta blocker, Digoxin, Coumadin, aspirin and Tricor. I am generally following him up every 3-4 months or so.

If I can provide any further information or assistance, please do not hesitate to contact me.

Sincerely,



Adrian B. Van Bakel, M.D.  
Associate Professor of Medicine

ABVB/lmb